

1 Who Should Attend . . .

This workshop is a must for anyone concerned about health and safety on the job including:

- ▶ Managers concerned about liability and workers' compensation costs
- ▶ Employees who want to learn proper techniques for protecting their safety and health at work
- ▶ Business owners who want to learn about compliance with Michigan Occupational Safety and Health Administration (MIOSHA)

2 Why You Need This Workshop . .

- ▶ To reduce disabling injuries and illnesses to employees - and to ensure that every worker goes home safe and healthy every day.
- ▶ To reduce the high costs of work-related injuries. Nationally, employers spent an estimated 50.8 billion on wage payments and medical care for workers hurt on the job. (*Liberty Mutual Safety Index 2005*) This is only a portion of the total costs of work-related injuries. Indirect costs such as overtime, training and lost productivity can also burden employers.
- ▶ To enhance your company's bottom line. A strong safety and health commitment not only protects workers, it also reduces workers compensation costs, improves employee morale, and increases production and quality.

3 What You'll Learn . . .

This workshop is for those companies with an exemplary history of safety and health diligence and performance. These companies may qualify for either the **Michigan Voluntary Protection Program (MVPP)** or the **Michigan Safety & Health Achievement Recognition Program (MSHARP)**.

These recognition programs are designed especially for such high performing worksites. Participants receive information regarding the benefits of participation in these programs such as exemptions from programmed inspections and state/national recognition for their success in Organizational excellence. The application and review process is covered in detail along with the differences in qualification requirements for acceptance in the **MVPP** and **MSHARP**.

Agenda

We offer a flexible program agenda to emphasize the topics you want most.

- ▶ Review of MSHARP and MVPP Requirements
- ▶ Injury and Illness Requirements for Participation
- ▶ Elements of Safety and Health Management System
- ▶ Application and On-site Review Process

Facilitator

Doug Kimmel is Michigan's Voluntary Protection (MVPP) Specialist, with over 14 years of safety and health experience. His past positions include: Worker's Compensation Underwriter, Loss Prevention Consultant, and MIOSHA Safety Consultant.

Doug earned a B.S. (Business Management) degree from Ferris State University, is certified in Workers' Compensation Rating and has successfully completed numerous safety and health training courses. During his time with MIOSHA, Doug has performed hazard surveys and conducted training at both individual companies and conferences. He has been a speaker at the Michigan Safety Conference and has developed original safety-training programs, which are shared with other safety consultants in the Division.

Doug acts as Team Leader on MVPP on-site reviews, which are performed throughout Michigan. He completes reports for the Bureau Director, recommending the applicant's acceptance as an MVPP company.

Presenters: Doug Kimmel, Occupational Safety Consultant, and
Chris Passamani, Supervisor, MIOSHA CET Division



Doug Kimmel
*Occupational Safety Consultant,
MIOsha, CET Division*

Program Details

DATE:	February 8, 2007	TIME:	Check-in - 8:00 a.m. Program - 8:30 a.m. to 12:00 p.m.
LOCATION:	Herman Miller, Inc. 10201 Adams Street Holland, Michigan 49424	DEADLINE:	Register by January 25, 2007 Please register early!
COST:	\$30.00 per person. Includes course materials.	CONTACT:	Mary Arocha - 616.654.5987 or mary_arocho@hermanmiller.com

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If this valuable seminar doesn't fit with your schedule or position, please pass this flyer on to a colleague.

How to Register

MVPP & MSHARP Application Workshop

Complete information at right to
register by . . .

► **Phone:** 616.654.5987
► **Fax:** 616.654.7340
► **Email:** mary_arocho@hermanmiller.com
► **Mail:** Herman Miller, Inc.
855 E. Main Avenue
Zeeland, Michigan 49464
Attn: Mary Arocha

Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____
Email: _____
Number Attending: _____ @ \$30 Each = \$ _____

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